40A100 (11-90) Commonwealth of Kentucky REVENUE CABINET

APPLICATION FOR REFUND OF INCOME TAXES

For Use by Individuals, Fiduciaries and Corporations

Under the provisions of KRS 141.235 and Regulation 103 KAR 15:040, the undersigned taxpayer requests a refund of income taxes paid as shown below:

				Taxpayer Income Tax	Account Number
Name of taxpayer:	:				
Address:					
		Nun	nber and street or rural route		
City, town or post office	:	Count	у	State	ZIP Code
Type of taxpayer (individual, fiduciary	,, corporation): _			
Taxable year invol	ved (indicate dates	of fiscal year, if	applicable):		
(a) Amount of ta	xes paid with returi	n and/or by decl	aration:		
(b) Amount of ta	xes paid on assessi	ment (if applicat	ole):		
Dates of payment((s):				
				ng payments (if payme e and validation numl	
Amount of tax refu	und requested:				
				nted (attach schedule	
is applicant, and decla	are under the penalties of	of perjury that I have		es due or owing the Commo on (including any attached d correct.	
ture of individual taxpayer o	or fiduciary	 Date	Spouse's signature if tax	paid by joint return	
ture or individual taxpayer t					

Signature and firm or employer of preparer of this application if other than the taxpayer